PATIENT # 000042013
D.O.B. 10/27/2003
STEIN, AIDEN P

Mansfield-Ontario-Richland County Health Department
Child Health History

Child's Name: _Aiden P. Stein_ DOB: _10-27-03_ Date first seen: _11-24-03_

Sex: _M_ Race: _W_

Mother's Name: _Erica Heimlich_ Father's Name: _Matthew Stein_

Guardian's Name: _____

Birth History:

Maternal Medications/ Problems: _Ø_

Gestational Age & Type of Delivery _Ø_ Birth Weight _6# 14oz_

Neonatal condition/ Complications _cord around neck @ delivery_

PKU _Ø_ Jaundice _Ø_ Home with _yes_

Family Health History: (M= Mom, D= Dad, G= Grandparent, S= Sibling)

TB _Ø_ DM _paternal side_ m great grandfather CA _Ø_ great grandparents HTN _paternal side_ Ht D _paternal grandfat_

BD _Ø_ MR _Ø_ Seiz _Ø_ Allg _Ø_ Thy _M aunt_

Asthma _P grandmother P father_ Sickle Cell _Ø_ Mental Health _paternal m great grandmother_

Other _____

Child's History/ Problems: (hospitalizations, injury, chronic illness, other diagnoses)

right eye - possible lacrimal duct problem?

EXHIBIT
11

Allergies:

Child Health Assessment

Name: _____   **DOB:** _____ *grew almost 3 inches in only 28 how is gitt grow*

Date: 11-24-03 Child's Age: 28d HT: 21 WT: 9#8 HC: 16 4% Temp: 97.6 au BP: Ø

Vision: L Ø R Ø color _____   Hearing: L Ø R Ø   U/A: diaper

Hgb: Ø   Lead: Ø   result _____   Development: passed

Education: Car Seat/ Belt ___ Growth & Devel ✓ Feeding ✓ Dental Ø Sleeping up right Toilet Training Ø
Discipline Ø Enuresis Ø Immys Alex Lead Ø Other _____
Social History: Who does child live with? mom, dad
Sleeping arrangements? crib in parents Car Seat Seatbelt in use? _____ Smokers? yes
Child attends Daycare/ Preschool/ School? Ø
Problems/ Special Services at School? Ø
Agency Involvement: WIC / HMG _____ REHAB _____ Newhope _____ Center _____
Headstart _____ Comfort _____ Juv. Court _____ Children's Services _____
Oral Screen: Dentist in past 12 months? Ø Brushes BID Ø Fluoride _____ Problems _____
Current Medications: Drug/ Dosage Mylocon - Ø au
Today's Questions/ Concerns: _____

Nurse: _A Bowman RN_

	N	A		Diagnosis/ Treatment:
Appearance	Ⓝ	A		Well child c
Skin	Ⓝ	A		blocked tear duct.
Head	Ⓝ	A		massage.
Eyes	Ⓝ	A	red reflex. R drainage -	Softn sulamd c drops
Ears	Ⓝ	A		TID — AU.
Nose	Ⓝ	A		
Teeth	Ⓝ	A		See 1 month PE.
Throat	Ⓝ	A		**Referrals:**
Neck	Ⓝ	A		
LymphGlands	Ⓝ	A		
Heart	Ⓝ	A		
Lungs	Ⓝ	A		
Abdomen	Ⓝ	A		**Immunizations:**
Genitals	Ⓝ	A	✓	
Orthopedic	Ⓝ	A		
Neuro	Ⓝ	A		

Comments: _____

Practitioner: _____

Follow-up: _____

LENGTH 18.9 CM WEEK OF GESTATION
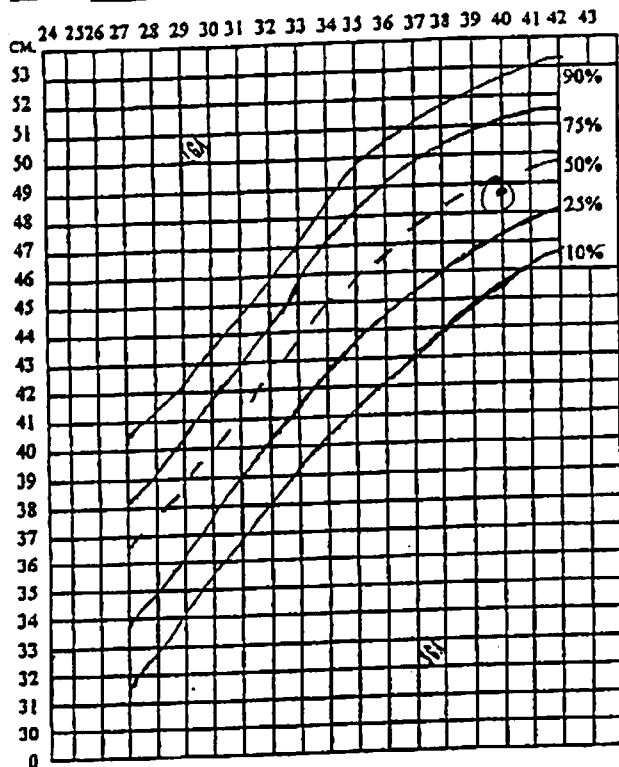
HEAD CIRCUMFERENCE 33 CM WEEK OF GESTATION
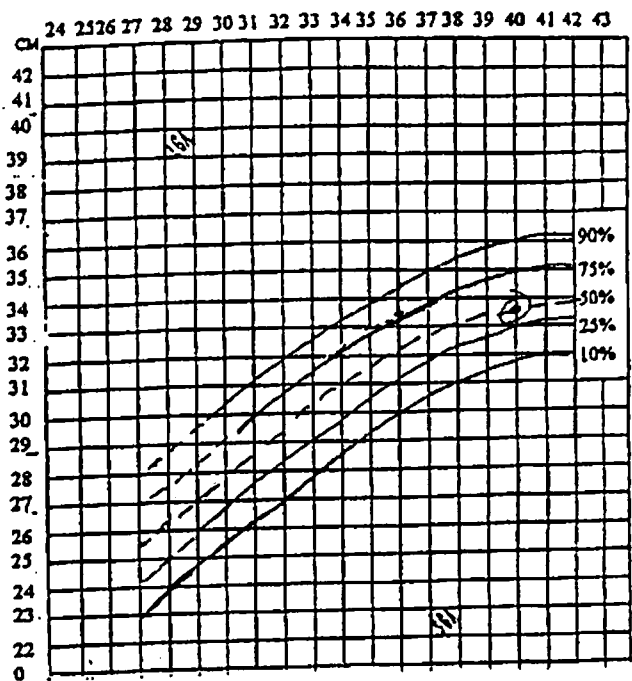
WEIGHT 3118 GM
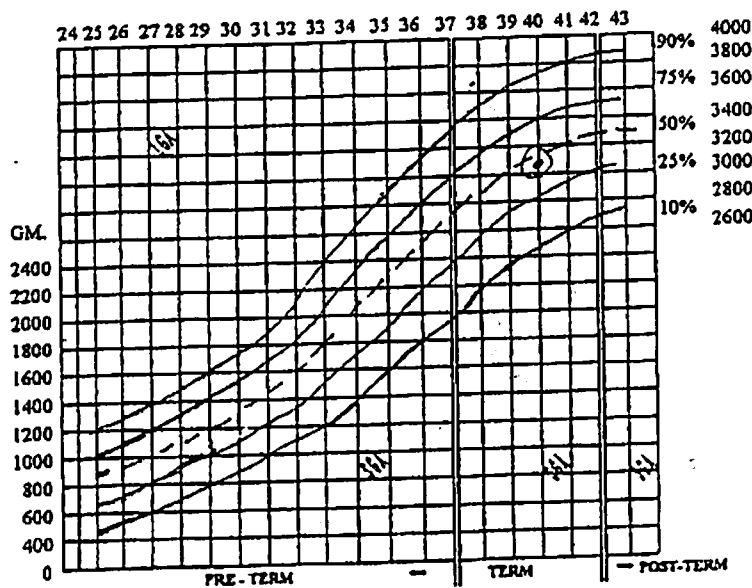
HeaD 13.4 at
biRth
28 days
LateR it
Was 16 ?

1st Exam (X)

LARGE FOR GESTATIONAL AGE (LGA)	
APPROPRIATE FOR GESTATIONAL AGE (AGA)	X
SMALL FOR GESTATIONAL AGE (SGA)	
Age at Exam	1 hrs
Signature of Examiner	m Jackson R.N.

6603809